Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

 Application Number
 10/685139

 Filing Date
 10/14/2003

 First Named Inventor
 Mitchell

 Art Unit
 3733

 Examiner Name
 Mary C. Hoffman

 Attomsv Docket Number (591-187

(Use as many sheets as necessary)

Sheet 9 of 9

	CERTIFICATION	STATEMENT	
Please	e see 37 CFR 1.97 and 1.98 to make the appropriate selection	on(s):	
	That each item of information contained in the information from a foreign patent office in a counterpart foreign applice information disclosure statement. See 37 CFR 1.97(e)(1).		
OR			
	That no item of information contained in the information dis foreign patent office in a counterpart foreign application, as after making reasonable inquiry, no item of information cor to any individual designated in 37 CFR 1.56(c) more than I statement. See 37 CFR 1.97(e)(2).	nd, to the knowledge of the pers ntained in the information disclos	on signing the certification sure statement was known
	See attached certification statement.		
X	Fee set forth in 37 CFR 1.17 (p) has been submitted here	vith.	
	None.		
	SIGNAT nature of the applicant or representative is required in according to the signature.		lassa see GFF. 1 A(d) for the
Signati	ure /John R. Owen Reg. No. 42,055/	Date (YYYY-MM-DD)	27 July 09
lame/	Print John R. Owen	Registration Number	42,055

This collection of information is required by 37 CFR 1.97 and 1.98. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S. C. 122 and 37 CFR 1.14. This collection is estimated to take 1 hour to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Officer, U.S. Patient and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DN OT SEND TEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA Assandria, VA 22313-1450.

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